

FOCUS

Communicating NCID's prevention and control programs for new and reemerging infectious diseases

Message from the Director

Dear Colleagues:

The International Conference on Emerging Infectious Diseases, held March 8-11 in Atlanta, was a resounding success. More than 2,500 persons from all 50 states and over 70 countries gathered to present research results and discuss the problems raised by the ever-changing threat of infectious diseases. The conference was jointly organized by CDC, the Council of State and Territorial Epidemiologists, the American Society for Microbiology, and the CDC Foundation and was co-sponsored by more than 50 organizations.

The scientific program consisted of 85+ sessions. Plenary sessions addressed such topics as foodborne disease; detection of novel agents; vector-borne diseases; infectious causes of chronic diseases; bioterrorism; HIV and STDs; antimicrobial resistance; nosocomial infections; and prions and public health. Invited panels expanded on these topics and included other topics such as international cooperation, vaccine-preventable diseases, and global climate change. Latebreaking sessions featured the influenza A(H5N1) outbreak in Hong Kong.

Among the meetings highlights were an address by Secretary of Health and Human Services Donna Shalala and sessions with authors and press representatives.

The success of the conference has encouraged us to consider holding a similar conference in the year 2000. We welcome your suggestions for partners and topics.

James M. Hughes
James M. Hughes, M.D.

Focus on Parasitic Diseases

Campaign to eliminate lymphatic filariasis leads to expanded role for DPD

Lymphatic filariasis, a mosquito-transmitted parasitic disease, affects an estimated 120 million persons throughout the tropics. Ranked by the World Health Organization (WHO) as the second leading cause of permanent disability worldwide, lymphatic filariasis causes debilitating genital disease in an estimated 25 million men and lymphedema, or elephantiasis, of the leg in 15 million

persons, most of whom are women. These conditions have a devastating effect on the physical health, economic well-being, and quality of life for affected persons and the communities in which they live. Transmission of the parasite, a roundworm, is currently known to occur in 73 countries worldwide, including at least seven countries in the Americas.

Because of effective single-dose drug treatment regimens recently developed by investigators at the Division of Parasitic Diseases (DPD) and elsewhere, global elimination of lymphatic filariasis is now considered possible. Momentum for global elimination is growing rapidly. In May 1997, the World Health Assembly passed a resolution calling for the "global elimination of lymphatic filariasis as a public health problem" and in January 1998, a pharmaceutical company, SmithKline Beecham,



Physical therapist Jacky Louis-Charles counsels patients at the Elephantiasis Treatment Clinic in Leogane, Haiti.

PHOTO: David Addiss

announced a massive donation program of albendazole (several billion doses) to support this effort. A study led by DPD epidemiologist Michael Beach was a significant factor in the consideration of donating this drug for global filariasis elimination. Dr. Beach and colleagues showed that simultaneous treatment with both albendazole and the antifilarial drug ivermectin enhanced ivermectin's ability to suppress the filarial parasite in the blood; the drug combination also had greater efficacy than either drug alone against the intestinal worm *Trichuris*, leading to improved nutritional status (weight gain) in children infected with this parasite.

In recognition of more than a decade of leadership in basic and applied research in lymphatic filariasis, DPD was designated in December 1997 as a Pan American

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Health Organization (PAHO) / WHO Collaborating Center for Control and Elimination of Lymphatic Filariasis in the Americas. The codirectors of the Collaborating Center are Patrick Lammie and David Addiss, both of DPD.

In its new role as a WHO Collaborating Center, DPD will continue to conduct research in areas of critical importance to filariasis elimination. These include developing methods to monitor the success of elimination programs, assessing the impact of salt fortified with the antifilarial drug diethylcarbamazine (intended to interrupt transmission of the parasite), and evaluating the public health impact of combined single-dose antifilarial and antiparasitic therapy. DPD will also develop training materials and guidelines for epidemiologic surveillance and for treatment of filarial lymphedema and elephantiasis and will provide technical assistance to countries throughout the Americas where lymphatic filariasis is endemic. Filariasis control and elimination activities have already begun in Brazil, the Dominican Republic, and Haiti.

With PAHO and WHO, DPD is expected to take a lead role in coordinating the efforts of collaborators in government, health, nongovernmental organizations, the private sector, and industry to implement filariasis elimination programs throughout the Western Hemisphere.

"For the first time, there is hope. Thanks to new methods of diagnosis and treatment, we can not only stop transmission of the disease, but relieve the suffering of those currently affected," stated Dr. Addiss. ■

Focus on Viral and Rickettsial Diseases

NCID team visits Lassa fever research project in Guinea

Scientists from the Special Pathogens Branch, Division of Viral and Rickettsial Diseases, recently traveled to Guinea to meet with collaborators at the Lassa Fever Research Project (LFRP), Guinean Institute for Research and Applied Biology (French acronym: IRBAG), and develop research priorities on Lassa fever.

The group developed plans to improve the diagnosis and treatment of Lassa fever, explore its immunopathogenesis, examine the frequency of nosocomial transmission, and better define the

taxonomy and ecology of the rodent host. In addition, discussions are under way to expand the research beyond the study of hemorrhagic fever viruses. "The Lassa Fever Research Project represents a model program for international collaboration on the study of infectious diseases, and it has tremendous potential to impact public health and research throughout West Africa," according to Pierre Rollin, who led the DVRD team.

Lassa fever is a hemorrhagic viral illness that affects an estimated 100,000 to 300,000 people annually in West Africa; approximately 5,000 people die of Lassa fever each year. The disease is caused by an arenavirus that is carried by rodents (genus *Mastomys*) and transmitted from rodents to

humans and from person to person. Although principally confined to West Africa, Lassa fever has on occasion been exported by travelers to various countries, including the United States.

In 1976, CDC and the government of Sierra Leone established the



During their recent visit to LFRP in Guinea, SPB staff met with Sidiya Touré (3rd from right), Prime Minister of Guinea, and other key Guinean government officials. Shown (L-R) are Michael Bowen, SPB; Barney Cline, Tulane University; Daniel Bausch, Kathy Cavallaro, Siddhartha Mahanty, SPB; Mamadi Coulibaly, James Kanu, LFRP; Sekou Kabba, Secretary General of the Ministry of Education, Guinea; unidentified protocol officer; Eugene Camara, Minister of Higher Education, Guinea; Prime Minister Touré; and Austin Demby and Ethleen Lloyd, SPB.

Sierra Leone Lassa Fever Research Project, which conducted laboratory and field investigations and public health interventions on the disease until 1993, when civil unrest in that country forced cessation of the project. In 1996, SPB and IRBAG collaborated to relocate the project to Guinea, Sierra Leone's northern neighbor. Core staff from Sierra Leone were transferred to Guinea, where they work closely with their local counterparts to develop appropriate laboratory techniques, conduct epidemiologic investigations, and collect and test rodents. A laboratory providing ELISA-based diagnostic technology has been created at IRBAG. Activities there have focused on defining the prevalence and distribution of Lassa fever in Guinea and providing assistance. ■

Focus on Quarantine

DQ's travel information system joins the Information Superhighway

Last year, almost 50 million U.S. travelers visited countries that have disease risks greater than those in the United States. As the number of travelers increases, so does the potential for importing disease. The Division of Quarantine (DQ) promotes travelers' health by providing up-to-date information about disease risks, preventive measures, and immunization requirements.

The vehicles for disseminating this essential information to travelers include the annual publication *Health Information for International Travel* (the "Yellow Book"), a bi-weekly up-date summary (the "Blue Sheet"), and 24-hour fax information services. In the past, DQ's Travelers' Health Section directly responded to more than 30,000 live calls per year. With increasing demand, however (see Figure), DQ has searched for cost-effective methods that would allow staff to make efficient use of their time but continue to provide information tailored to the individual travelers' needs. To aid in this search, in June 1997, DQ convened the Health Information for International Travel Working Group, which is composed of CDC staff and representatives of outside agencies and organizations involved with travelers' health.

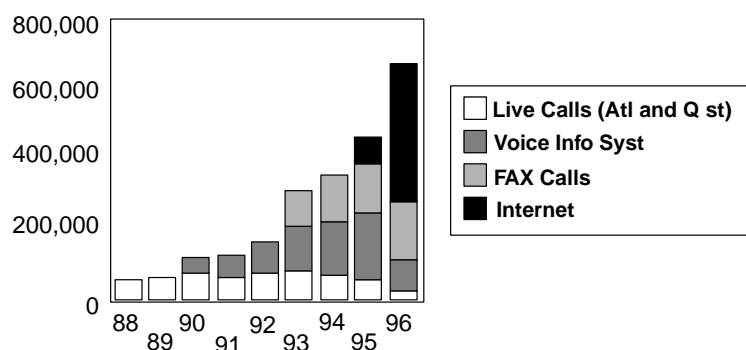
During its first meeting in June 1997, the working group focused on information for the traveling public. Because the Internet allows immediate access and updates, the group envisioned the CDC web page as the eventual single source for reliable information. Recognizing that access to the Internet is not yet universal, the group recommended that DQ continue to participate in CDC's voice/fax information service, but cease responding to direct calls.

When the working group met again on January 20-21, the meeting was dedicated to information strategies for health-care providers who counsel international travelers. DQ's principal vehicle for providing travel health information to the medical community is the Yellow Book. Although the Yellow Book will continue to be the "gold standard" resource for travel medicine, the working group recommended that DQ provide information through several means. Additional vehicles will include 1) a bulletin to announce the availability of new Yellow Book editions and to provide periodic updates, 2) CDC's *Morbidity and Mortality Weekly Report*, 3) professional journals and newsletters, 4) a list-serve for information only, and 5) travel medicine guidelines issued in cooperation with partner

organizations, such as the International Society for Travel Medicine. The group also recommended that the biweekly *Summary of Health Information for International Travel* (the "Blue Sheet") be replaced with fax broadcasts, which would allow for the more timely dissemination of urgent information. DQ will work to implement these recommendations in the coming months.

As part of the transition to the Information Superhighway, the fax information service has converted to a toll-free system. Travelers' Health will soon have its own toll-free number. Travelers can now request regional recommendations and disease-specific information by fax by calling the toll-free CDC Fax Information Service at 1-888-CDC-FAXX (232-3299). All documents, including the full text of the Yellow Book, are available through the main CDC web site (accessed at www.cdc.gov/travel/travel.html). ■

**Requests for Travel Information
1988-1996**



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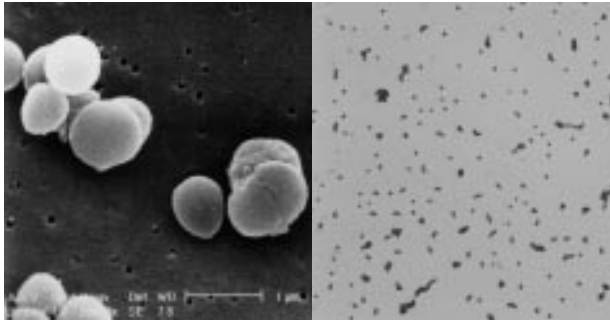
Focus on Hospital Infections

HIP project will provide highly detailed photos of pathogens

HIP is collaborating with other NCID and CDC divisions to develop highly detailed photographs, slides, and digitized images of bacteria, fungi, and parasites of public health importance. Using the only scanning electron microscope (SEM) at

CDC, HIP staff will be able to provide images with magnifications of up to 100,000, compared with 1,000 for a standard laboratory microscope.

Unlike conventional microscopes that use artificial light to illuminate an organism that has been stained, the SEM uses an electron beam scanning back and forth over a specimen that has been fixed, dried, and coated with a thin layer of heavy metal to "illuminate" the surface structures, which can be viewed on a computer monitor. HIP uses the



S. aureas magnified 20,000X by SEM

S. aureas magnified 1,000X by standard light microscope

newest Philips Electronics XL20 microscope, which is completely computer driven. Images may be photographed and printed at the microscope or they may be digitized for transfer or storage onto disks, CDs, or computer hard drives.

"The SEM can provide such rich details and clarity that the images will have a three-dimensional appearance," said Mike Miller, acting chief of HIP's Hospital Environment Laboratory Branch. "These images can be made available as photo-

graphs, slides, digitized files, and even on CD-ROM for use by CDC staff, the media, schools, researchers, and other health professionals."

Working in collaboration with IRMO, HIP will make these images of microorganisms accessible through CDC's Internet-based Public Health Image Library (PHIL).

HIP will collaborate with scientists throughout CDC to obtain organisms for SEM analysis. The organisms will then be photographed; a concise description of each pathogen, credit for the provider, and a recommended health message, if appropriate, will be developed for distribution with the image.

"Most of the images we have now are of bacteria, but we plan to document as many typical microorganisms as we can," said Janice Carr, HIP, who operates the SEM. "We hope to add as many as 100 or more images over the next 2 years." ■

Julie Gerberding named new Hospital Infections Program director

Julie Louise Gerberding, currently with San Francisco General Hospital, has accepted the position of director of NCID's Hospital Infections Program (HIP). Dr. Gerberding is expected to begin her new position August 2.

Dr. Gerberding is presently Director, Epidemiology and Prevention Interventions Center, and Medical Director, Prevention Clinic, at San Francisco General Hospital, and Associate Professor, Departments of Medicine (Infectious Diseases) and Epidemiology and Biostatistics, at the University of California, San Francisco.

Dr. Gerberding graduated magna cum laude with degrees in chemistry and biology from Case

Western Reserve University in 1977 and received her M.D. from Case Western in 1981. During 1981-1988, she was successively intern, resident, chief medical resident, and fellow, Clinical Pharmacology and Infectious Diseases Department, University of California, San Francisco. Dr. Gerberding received her M.P.H. in 1990 from the University of California, Berkeley. ■



HIP Highlights

❖ Since June 1997, over 400,000 copies of the HIP brochure "Information for Health-care Workers: Occupational Exposures to HIV" have been distributed.

❖ Copies of *The ABCs of Safe and Healthy Childcare*, a manual for childcare providers produced by HIP, will be distributed free of cost to libraries throughout the United States in May 1998.

❖ On August 20, 1998, HIP will conduct a satellite videoconference on "Antimicrobial Use and Antimicrobial Resistance—Solutions to the Problem."

❖ Basic information from the HIP satellite videoconference on "Vancomycin-Resistant Enterococci (VRE): Control of an Emerging Pathogen" is

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NCID nominates seven publications for the Charles C. Shepard Science Award

This year marks the ninth anniversary of the Charles C. Shepard Science Award, which was established to honor former CDC scientist, Dr. Charles Shepard, who made many contributions to the study of rickettsial diseases during his long career at CDC. The following papers, published in 1997, were selected for nomination and submitted to the CDC Shepard Award Committee:

Addiss DG, Beach MJ, Streit TG, Lutwick S, LeConte FH, Lafontant JG, Hightower AW, Lammie PJ. Randomised placebo-controlled comparison of ivermectin and albendazole alone and in combination for *Wuchereria bancrofti* microfilaraemia in Haitian children. *Lancet* 1997; 350:480-4.

Alter MJ, Gallagher M, Morris TT, Moyer LA, Meeks EL, Krawczynski K, Kim JP, Margolis HS, for the Sentinel Counties Viral Hepatitis Study Team. Acute non-A-E hepatitis in the United States and the role of hepatitis G virus infection. *N Engl J Med* 1997;336:741-6.

Cardo DM, Culver DH, Ciesielski CA, Srivastava PU,

Marcus R, Abiteboul D, Heptonstall J, Ippolito G, Lot F, McKibben PS, Bell DM, CDC Needlestick Surveillance Group. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. *N Engl J Med* 1997;337:1485-90.

Fischer M, Hedberg K, Cardosi P, Plikaytis BD, Hoesley FC, Steingart KR, Bell TA, Fleming DW, Wenger JD, Perkins BA. Tobacco smoke as a risk factor for meningococcal disease. *Pediatr Infect Dis J* 1997;16:979-83.

Herwaldt BL, Ackers M-L, the Cyclospora Working Group. An outbreak in 1996 of cyclosporiasis associated with imported raspberries. *N Engl J Med* 1997;336:1548-56.

Schuchat A, Robinson K, Wenger JD, Harrison LH, Farley M, Reingold AL, Lefkowitz L, Perkins BA. Bacterial meningitis in the United States in 1995. *N Engl J Med* 1997;337:970-6.

Simonson L, Clarke MJ, Williamson GD, Stroup DF, Arden NH, Schonberger LB. The impact of influenza epidemics on mortality: introducing a severity index. *Am J Public Health* 1997;87:1944-50. ■

IDEA Place

Local PA Health Department takes action to promote hand washing

On February 28, 1997, in response to a shigellosis outbreak, the Allegheny County Health Department of Pittsburgh, Pennsylvania, launched a hand-washing awareness campaign titled "The Literary Classics—A New Kind of Reading Material for Public Restrooms." A series of innovative posters, created by Ketchum Advertising as a public service, featured short parodies of three literary classics: *Moby Dick*, by Herman Melville, *A Tale of Two Cities*, by Charles Dickens (see left), and *Gone With the Wind*, by Margaret Mitchell. These posters provided a hand-washing message where it was most needed—inside bathroom stall doors and above urinals.

Although nearly everyone says they wash their hands after using the restroom, observational surveys conducted in Allegheny County showed that the number who actually washed correctly was much lower, just 21% of males and 58% of females. This survey also found that people not only failed to wash their hands, they washed them improperly: 33% of males and 25% of females wet their hands but did not use soap. The others, a shocking 46% of males and 17% of females, never used the sink. One year after the campaign began, observational surveys found that hand washing had increased to 50% among males and 67% among females in public restrooms where the posters had been placed. For more information, contact Guillermo Cole, Public Information Officer for Allegheny County Health Department, 412-578-8004. ■

A Tale of Two Cities

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, it was the era of people not washing their hands after using the bathroom, it was the era of people eating with their hands and falling ill after transferring bacteria to each other—in short, it was not a very sanitary period.

This convenient reading material is brought to you by
Charles Dickens & the
Allegheny County Health Department
Who Remind You to Please Wash Your Hands

Brigitte Finkelstein
Office of Health Communication, NCID

being reformatted for the Internet and will be available later this year on HIP's website.

❖ HIP is funding eight Centers for Excellence in Healthcare Epidemiology and Infection Control to establish research and demonstration projects for improving the surveillance, prevention, and control of infections acquired in hospitals or other healthcare settings. The centers are located at The Johns Hopkins University School of Medicine,

Harvard Pilgrim Health Care, McGuire Veterans Affairs Hospital, Washington University School of Medicine, Miriam Hospital, Memorial Sloan-Kettering Cancer Center, Northwestern Memorial Hospital, and the University of Iowa. The centers are focusing initially on the prevention and control of infections caused by bacteria and other microorganisms that have become resistant to antibiotics and other antimicrobial drugs. ■

Senior Biomedical Research Service staff selected

The CDC Executive Resource Board has appointed nine NCID staff to the Senior Biomedical Research Service (SBRS): Miriam Alter, DVRD; William Collins, DPD; Nancy Cox, DVRD; Thomas Folks, DASTLR; Thomas Ksiazek, DVRD; James LeDuc, OD; Stephen Morse, DASTLR; Thomas Shinnick, DASTLR; and Fred Tenover, HIP. They join previous appointees Dan Colley, DPD, and Brian Mahy, DVRD. In addition, the following NCID staff were approved for SBRS and are waiting for appointment slots: Don Brenner, DBMD; Jamie Childs, DVRD; Joan Knapp, DASTLR; Stuart Nichol, DVRD; Janet Nicholson, DASTLR; James Olson, DVRD; Joseph Piesman, DVBID; Betty Robertson, DVRD; Charles Rupprecht, DVRD; Bala Swaminathan, DBMD; and Victor Tsang, DPD.

The primary purpose of selecting SBRS members is to recruit and retain exemplary scientific researchers. SBRS appointees are considered outstanding by virtue of their scientific expertise and influence in

the public health community and on public health policy. Many of the issues that these scientists address are highly complex and controversial. They have authored articles in their areas of expertise and presented their research results at international meetings or chaired such meetings. All SBRS appointees have made exceptional contributions



SBRS staff. Front row (L-R): Bala Swaminathan, Betty Robertson, Fred Tenover, Victor Tsang; Middle row (L-R): Jamie Childs, Janet Nicholson, Stephen Morse, Joan Knapp, Nancy Cox; Back row (L-R): Thomas Shinnick, Thomas Ksiazek, Brian Mahy, James LeDuc, Charles Rupprecht.

in either biomedical research or clinical research evaluation, are recognized within a scientific discipline and in the field of public health, have a broad range of scientific and technical abilities, and possess skills that are particularly important to CDC's mission. ■



Focus on Global Health

ICEID satellite meetings held

The International Conference on Emerging Infectious Diseases (ICEID) offered NCID scientists a wonderful opportunity to meet with colleagues from around the world to share information and develop future collaborations. Several special satellite meetings also provided occasions for such exchanges.

May Chu, Division of Vector-Borne Infectious Diseases, arranged a meeting of the directors of virtually every plague laboratory in the world. Representatives from 16 laboratories discussed current standards and laboratory methods, exchanged information on new tests and technologies, and established a focused global network to continue this dialogue.

Experts on *Salmonella* and other foodborne diseases from the United States and the European Union (EU) met with colleagues from Asia, Africa, Australia, and elsewhere to discuss expanding the formal reporting of foodborne diseases, focusing on greater use of EnterNet, the EU-based system to monitor outbreaks of *Salmonella* and *Escherichia coli* O157.

Additional meetings focused on training opportunities in emerging infectious diseases. Notably, the CDC Foundation announced that through a generous educational grant from Eli Lilly and Co., support would be provided for international fellows to join the EID Laboratory Fellowship program.

James LeDuc
Associate Director for Global Health
NCID

Focus on Arctic Investigations

New AIP director appointed

Jay Butler, currently Epidemiology Section Chief, Respiratory Diseases Branch, DBMD, has been appointed director of NCID's Arctic Investigations Program in Anchorage. He will assume his new duties on July 1. Dr. Butler received his bachelor's degree from North Carolina State University, his M.D. from the University of North Carolina at Chapel Hill, and served his internship and residency in medicine and pediatrics at Vanderbilt University School of Medicine. He joined CDC in 1989 as an EIS Officer assigned to the Wisconsin Division of Health.

The mission of AIP is prevention of infectious diseases among



residents of the Arctic and sub-Arctic, with a particular focus on diseases of high incidence and concern among the indigenous populations. Priority diseases include invasive, vaccine-preventable bacterial infections (*Haemophilus influenzae* type b [Hib] and *Streptococcus pneumoniae*), drug-resistant bacterial infections, viral hepatitis, respiratory syncytial virus, and, recently, *Helicobacter pylori*. AIP has a long history of surveillance activities that allows the impact of prevention strategies on these diseases to be rapidly assessed.

According to Dr. Butler, this surveillance system was a powerful tool for documenting the public health impact of Hib vaccines and

promises to provide rapid evaluation of conjugate pneumococcal vaccines when they become available.

He notes that future directions for AIP include sharing successful public health programs in Alaska and other Arctic areas and extending them to the entire population of the circumpolar region through collaborative activities with provincial governments and ministries of health in other countries of the Far North. This new direction was established during March 1998 when personnel from CDC, the Laboratory Centre for Disease Control of Canada, and several provincial health departments met in Anchorage to begin planning a strategy for coordinated surveillance and prevention activities for several priority diseases. ■

NEWS BRIEFS

CDC hosts hantavirus conference

On March 5-7, more than 240 scientists and public health officials from 16 states and 29 countries participated in the Fourth International Conference on HFRS and Hantaviruses in Atlanta. The conference was sponsored by the Special Pathogens Branch, Division of Viral and Rickettsial Diseases. Hantaviruses, a group of rodent-borne viruses, are associated with two known disease syndromes in humans: hemorrhagic fever with renal syndrome (HFRS) and hantavirus pulmonary syndrome.

"This meeting, like the previous ones, has been a real information feast for hantavirologists. This year, the most interesting

presentations have been in the area of rodent infection and ecology. Hantaviruses are spread to humans from chronically infected rodents, and so this area of understanding is important to our prevention efforts," said C.J. Peters, SPB chief and chair of the conference organizing committee.

The next international hantavirus conference is scheduled for 2001 in Moscow or Buenos Aires.



Ho Wang Lee (L), whose work led to the discovery of hantaviruses in 1978, presents the Joel Dalrymple Memorial Award to C.J. Peters for lifetime achievement in hantavirus research.

Laboratory risk assessment training course offered

"Laboratory Risk Assessment: What, Why, and How," a Public Health Training Network satellite broadcast, will be offered on July 23, 1998, from 2:00-4:00 p.m., Eastern Time. This interactive program will provide participants with tools for performing risk assessments in the infectious disease laboratory. Participants will also perform a risk assessment in a simulated mycobacteriology laboratory. Primary faculty for the course are Jonathan Richmond, Ph.D., director, Office of Health and Safety, CDC, and Nancy Warren, Ph.D., science advisor, Association of State and Territorial Public Health Laboratory Directors. To register, call 1-800-TRAIN. To view the program, locate a satellite downlink site (available through schools, hospitals, colleges, and county extension offices); call 888-232-3299 (enter doc. #130010) 30 days before the program to obtain coordinates.

News Makers

Retirements

Peggy Epps, data management clerk, Division of Quarantine, retired from CDC in February. She joined DQ in 1990.

Staff Changes

James (Bo) Barrow has joined DQ as acting chief of the Program Operations Branch. He previously served as program manager, Food Safety Initiative, DBMD.



Harold Jaffe, director, DASTLR, was recently promoted to Assistant Surgeon General in the PHS Commissioned Corps.

Charles Schable has been named associate director for management and operations, DASTLR. He was formerly chief of the Serology Section, HIV Immunology and Diagnostics Branch, DASTLR.

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